

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 4

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

Medicaid-

O: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0.00

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A
Page 23d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

This amendment is needed in order to provide optional Medicaid
coverage to certain breast or cervical cancer patients.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Joseph Millstone, Executive
Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Georges C. Benjamin

13. TYPED NAME:

Georges C. Benjamin, M.D.

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 28, 2000

16. RETURN TO:

Joseph Millstone, Executive Director
Office of Health Services
Room 127
201 West Preston Street
Baltimore, Maryland 21201

17. DATE RECEIVED:

January 4, 2001

18. DATE APPROVED:

March 23, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

CLAUDETTE V. CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL MANAGER

23. REMARKS:

DIVISION OF MEDICAID & STATE
OPERATIONS

STATE: _____ MARYLAND _____

Citation Group Covered B. Optional Coverage Other Than the
Medically Needy (Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act _

- X [23]. Women who:
- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
 - b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
 - c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
 - d. have not attained age 65.

1920B of the Act _____

__ [24]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

The State elects to begin coverage of this group April, 2002_

TN No. _01-04_ Approval Date: _MAR 23,2001_ Effective Date: _OCT 1, 2000_
Supersedes TN No. _NEW_ _____